MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12334

CERTIFICATE OF DEATH

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Mt. Lake Park | LENGTH OF STAY (In this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ----

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Mt. Lake Park
STREET ADDRESS (If rural give location) 1 Mile South Mt. Lake Park, Md

3. NAME OF DECEASED (Type or Print): (First) Ralph (Middle) Vernon (Last) Baker
4. DATE OF DEATH: (Month) December (Day) 18, (Year) 19 50
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8/6/1920
9. AGE last birthday: 30 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Part farm owner
10b. KIND OF BUSINESS OR INDUSTRY: Dairy & other
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Harry Baker
14. MOTHER'S MAIDEN NAME: Myrtle Lewis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: -------
17. INFORMANT: Mrs. Ralph Baker Mt. Lake Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

401.2 Immediate cause (a) Myocarditis

58.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic Fever

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1944, to Dec 18, 1950, that I last saw the deceased alive on Dec 4, 1950 and that death occurred at 3:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

E. L. Brumgardt M.D. Oakland Md Dec 19-1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12/21/1950 | NAME OF CEMETERY OR CREMATORY: Pleasant Valley Cem. | LOCATION (City, town, or county) (State): 2 Mi. S W Mt. Lake Park, Md.

DATE REC'D BY LOCAL REG. 12/21/50 | REGISTRAR'S SIGNATURE: Julia A. Rowan | 24. FUNERAL DIRECTOR: Herbert C. Leighton | ADDRESS: Oakland, Md.

DEC 30 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12335

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Oakland, MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Garrett COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place) 52 Years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md, rural #1
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Sampson	(Middle)	(Last) Barkman.	4. DATE OF DEATH	(Month) 12	(Day) 28,	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower	8. DATE OF BIRTH 6/16/1868	9. AGE last birthday 82 yrs.	If under 1 year Months.	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner	10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (State or foreign country) Clearfield, Pa.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Unknown	14. MOTHER'S MAIDEN NAME Unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Charles A. Barkman, Oakland, Md. Rd. #1.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart Failure ?

422.1 Antecedent cause(s) (b) Arteriosclerotic Cardio-vascular disease many years

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 Feb, 1950, to 13 Dec, 1950 that I last saw the deceased alive on 13 Dec, 1950, and that death occurred at 2:00 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas F Lusby M. D.		Oakland, Md	12/29/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 12/30/1950	NAME OF CEMETERY OR CREMATORY Underwood Cemetery	LOCATION (City, town, or county) (State) Oakland, Md. Rd. #1
DATE REC'D BY LOCAL REG. 12/30/50	REGISTRAR'S SIGNATURE Julia Mowan	24. FUNERAL DIRECTOR Emroy N. Bolden	ADDRESS Oakland, Md

45499

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12336

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Swanton; LENGTH OF STAY (in this place) 69 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS ---

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Swanton; STREET ADDRESS (If rural, give location) 3 Mi. North Swanton, Md.

3. NAME OF DECEASED (Type or Print): (First) Lewis (Middle) Cassie (Last) Beckman

4. DATE OF DEATH: (Month) (Day) (Year) December 31, 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6/7/1881

9. AGE last birthday: 69 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel E. Beckman

14. MOTHER'S MAIDEN NAME: Sarah Alice Lohr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: ----

17. INFORMANT AND ADDRESS: Lloyd Beckman Swanton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443× Immediate cause (a) Acute Myocardial failure — Interval Between Onset and Death: 1 day

932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Pericarditis — 1 day

(c) Chronic Hypertensive Cardio Vascular disease — 1 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Dec 31, 1950, that I last saw the deceased alive on Dec 31, 1950, and that death occurred at 9:00P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Norman Reaver M.D. Westernport, Md. 1/3/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 1/3/1951 — NAME OF CEMETERY OR CREMATORY North Glade Cemetery — LOCATION (City, town, or county) (State) near Swanton, Md.

DATE REC'D BY LOCAL REG. Jan-3-1951 — REGISTRAR'S SIGNATURE Julia A. Oscar

24. FUNERAL DIRECTOR Herbert C. Leighton — ADDRESS Oakland, Md.

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PEAUTY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12337

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Garrett — Hoyes, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
LENGTH OF STAY (in this place): 27 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hoyes Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Carrie (Middle) Rebecca Veach (Last) Bond.

4. DATE OF DEATH: (Month) 12 (Day) 23. (Year) 1950

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 17, 1883

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Keyser, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Veach,

14. MOTHER'S MAIDEN NAME: Annie R. Watts.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None.

17. INFORMANT AND ADDRESS: Roger Bond, McHenry, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	16 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	7 years
	(c)	

331X
330

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At wnrk ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 23, 1950, to Dec 23, 1950, that I last saw the deceased alive on Dec 23, 1950, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Milton Tepper, M.D. ADDRESS: Friendsville Md. DATE SIGNED: Dec 25, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 12/26/1950
NAME OF CEMETERY OR CREMATORY: Hoyes Cemetery
LOCATION (City, town, or county) (State): Hoyes, Md.

DATE REC'D BY LOCAL REG. 12-26-1950
REGISTRAR'S SIGNATURE: Julia A. Rowan
24. FUNERAL DIRECTOR: Emroy D. Bolden ADDRESS: Oakland, Md

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. LAKE PARK
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) BLANCH (Middle) Estella (Last) CALE
4. DATE OF DEATH (Month) 12 (Day) 15 (Year) 1950

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH 7-30-1876
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME HENRY CALE
14. MOTHER'S MAIDEN NAME FEATHER; Sara Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. -----
17. INFORMANT AND ADDRESS H. C. LEIGHTON OAKLAND, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac failure	4 days
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalize Ateriosclerosis	4 yrs ?
97	(c) Auricular fibrillation	4 mths

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

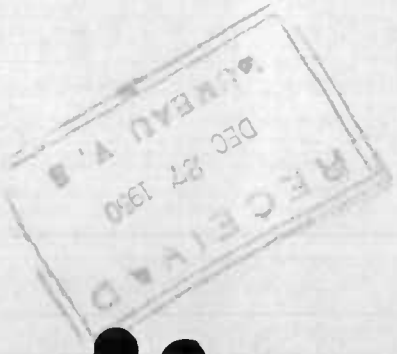
21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 17th, 1950, to Dec 15th, 1950, that I last saw the deceased alive on 11-14, 1950, and that death occurred at 4:15 A. m., from the causes and on the date stated above.

SIGNATURE James H. Feaster Jr. M.D. (Degree or title) ADDRESS 58 2nd St. Oakland, Md DATE SIGNED 12-15-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/17/1950
NAME OF CEMETERY OR CREMATORY Oakland Cemetery
LOCATION (City, town, or county) (State) Oakland, Md.

DATE REC'D BY LOCAL REG. 12-17-1950
REGISTRAR'S SIGNATURE Julia Rowan
24. FUNERAL DIRECTOR Herbert C. Leighton
ADDRESS Oakland, Md.


RECEIVED
DEC 27 1930
JUNEAU, ALASKA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12339

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH · COUNTY: Garett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md COUNTY: Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Grantsville — LENGTH OF STAY (in this place): 30 Years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Grantsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) Daniel	(Middle) W	(Last) Dorsey	4. DATE OF DEATH	(Month) Dec	(Day) 17	(Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Singel	8. DATE OF BIRTH: 9-12-1871	9. AGE last birthday: 79 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retire Hotell Keeper	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Penna	12. CITIZEN OF WHAT COUNTRY? U.S.A				
13. FATHER'S NAME: Patrick Dorsey	14. MOTHER'S MAIDEN NAME: Sara McCluskey						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.: none	17. INFORMANT: Mrs Wilda Fahey					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	10 years
422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
93d	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan, 1945, to Dec 17, 1950, that I last saw the deceased alive on Dec 15, 1950, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
N. R. Davis	M.D.	Grantsville Md	Dec 18 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 12-19-1950	NAME OF CEMETERY OR CREMATORY: St Michael	LOCATION (City, town, or county) (State): Frostburg Md
DATE REC'D BY LOCAL REG.: Dec 18-1950	REGISTRAR'S SIGNATURE: Ethel Broadwater	24. FUNERAL DIRECTOR: Wm Winterberg	ADDRESS: Grantsville Md

15687

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 22 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12340

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland; LENGTH OF STAY (in this place) 57 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fourth Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
STREET ADDRESS (If rural, give location) Fourth Street

3. NAME OF DECEASED (Type or Print): (First) Amnie (Middle) Elizabeth (Last) Falkenstein

4. DATE OF DEATH: (Month) Dec. (Day) 7, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1/30/1864

9. AGE last birthday: 86 yrs. If under 1 year: Months; If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Ohio.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Isaac Leighton

14. MOTHER'S MAIDEN NAME: Elizabeth Vernon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: -----

17. INFORMANT AND ADDRESS: Miss Grace Falkenstein Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Terminal Pneumonia — Interval Between Onset and Death: 48 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis — 10 years

(c) Cerebral Hemorrhage - repeated — 2 years

331X
82a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 6, 19 46, to Dec. 7, 1950, that I last saw the deceased alive on Dec. 7, 1950, and that death occurred at 12:45P. m., from the causes and on the date stated above.

SIGNATURE: A. E. Mann (Degree or title) MD ADDRESS: Oakland Md DATE SIGNED: 8 Dec 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 12/10/1950 | NAME OF CEMETERY OR CREMATORY: Oakland Cemetery | LOCATION (City, town, or county) (State): Oakland, Md.

DATE REC'D BY LOCAL REG.: 12-16-1950 | REGISTRAR'S SIGNATURE: Sylvia A Rowan | 24. FUNERAL DIRECTOR: Herbert C. Leighton | ADDRESS: Oakland, Md.

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DEC 27 1950
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller
LENGTH OF STAY (in this place) 88 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS W. Main

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller
STREET ADDRESS W. Main (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Rebecca (Middle) Rawlings (Last) Hutson
4. DATE OF DEATH (Month) Dec. (Day) 12, (Year) 1950 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH May 30, 1862
9. AGE last birthday 88 yrs. If under 1 year Months 6 Days 12 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Near Kitzmiller, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Hamill
14. MOTHER'S MAIDEN NAME Julia Ann Fazenbaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Lewis C. Hutson Kitzmiller, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	Sudden Onset
420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Heart Disease	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1935, to Dec. 12, 1950, that I last saw the deceased alive on Dec. 1, 1950, and that death occurred at 9:30 P m., from the causes and on the date stated above.

SIGNATURE Ralph Colandrella (Degree or title) M.D ADDRESS Kitzmiller Md DATE SIGNED Dec. 14-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 15, 1950
NAME OF CEMETERY OR CREMATORY Hamill Cemetery
LOCATION (City, town, or county) Near Kitzmiller, (State) Md.

DATE REC'D BY LOCAL REG. 12/14/50
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR O.F. Sharpless ADDRESS Blaine, W. Va.

RECEIVED
JAN 12 1951
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12342

Reg. Dist. No. 766

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: GARRETT — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: OAKLAND
STREET ADDRESS (If rural, give location): 3RD STREET

3. NAME OF DECEASED (Type or Print): (First) BEULAH (Middle) GRACE Fraley (Last) JANOSKE

4. DATE OF DEATH: (Month) DECEMBER (Day) 2 (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: June 23, 1879

9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? AMERICA

13. FATHER'S NAME: BENJAMIN F. FRALEY

14. MOTHER'S MAIDEN NAME: SUSAN SILBAUGH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: R. E. FRALEY, TERRA ALTA, W. VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Terminal Pneumonia	3 days
422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 934	(b) Extended Cardiac Failure	5 days
	(c) Chronic Myocarditis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/9/44, 19..... to 12/2/50 19....., that I last saw the deceased alive on Dec 2, 1950, and that death occurred at 9:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): E. J. Baumgartner M D — ADDRESS: Oakland Md — DATE SIGNED: 12/2/50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: DEC. 5, 1950 — NAME OF CEMETERY OR CREMATORY: TERRA ALTA CEMETERY — LOCATION (City, town, or county) (State): TERRA ALTA W. VA

DATE REC'D BY LOCAL REG.: 12-5-1950 — REGISTRAR'S SIGNATURE: Julia A Mowar

24. FUNERAL DIRECTOR — ADDRESS: Ennis & Bolden

RECEIVED
DEC 14 1950
BUREAU V. S

12343

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
LENGTH OF STAY (in this place) 11 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett County Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland Rural
STREET ADDRESS (If rural, give location) Route # 1

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) R. (Last) Mayle
4. DATE OF DEATH (Month) December (Day) 25 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Feb. 8, 1907
9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Hand
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mayle Ellsworth
14. MOTHER'S MAIDEN NAME Minard Minerva

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT AND ADDRESS Helen Mayle Sister Piedmont, W.Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Terminal Pneumonia	48 hrs.
157X 46g Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma Pancreas (Head)	1 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Dec, 1950, to 25 Dec, 1950, that I last saw the deceased alive on 25 Dec, 1950, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE A.E. Maurer (Degree or title) MD ADDRESS Oakland Md DATE SIGNED 26 Dec 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12/28/1950
NAME OF CEMETERY OR CREMATORY Bray Cemetery
LOCATION (City, town, or county) (State) Near Oakland, Md.

DATE REC'D BY LOCAL REG. 12/28/50
REGISTRAR'S SIGNATURE Julia S. Rowan
24. FUNERAL DIRECTOR Emroy D. Bolden ADDRESS Oakland, Md.

86600

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12344

Reg. Dist. No. 163

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bloomington
LENGTH OF STAY (In this place) 3 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bloomington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Morton

4. DATE OF DEATH: (Month) Dec. (Day) 3 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5July 1888

9. AGE last birthday: 62 yrs. If under 1 year: Months 4 Days 28 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Paper Mill

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Not Known

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Pearl Morton, Bloomington, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive heart failure	2 days.
527.1 113 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Emphysema + pulmonary fibrosis	15 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Asthma. Chr. bronchitis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on Dec 3, 1950, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

SIGNATURE James H Wharton Jr (Degree or title) ADDRESS Piedmont W. Va DATE SIGNED 12-6-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/6/50
NAME OF CEMETERY OR CREMATORY: Bloomington
LOCATION (City, town, or county) (State): Bloomington, Md.

DATE REC'D BY LOCAL REG. 12-6-50
REGISTRAR'S SIGNATURE Darsey Pattison

24. FUNERAL DIRECTOR ADDRESS: Ellsworth S. Boal, Westernport, Md

986 11

RECEIVED
DEC 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12345

CERTIFICATE OF DEATH

Reg. Dist. No. 172

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Garrett
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN: Kitzmiller
LENGTH OF STAY (in this place): 12 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: [illegible] State St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kitzmiller
STREET ADDRESS (If rural, give location): State Street

3. NAME OF DECEASED (Type or Print): (First) Eliza (Middle) Ellen (Last) Paugh

4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 24, 1873

9. AGE last birthday: 77 yrs. If under 1 year: Months 5 Days 16 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Swanton Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Tasker

14. MOTHER'S MAIDEN NAME: AMy Paugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Lester E. Paugh Kitzmiller Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage with stroke	
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a	(b) Pneumonia	1 week
	(c) Hypertension	7 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 43, to Dec-10, 1950, that I last saw the deceased alive on Dec 10, 1950, and that death occurred at 7:10 P. m., from the causes and on the date stated above.

SIGNATURE: Ralph Calandella M.D. (Degree or title) ADDRESS: Kitzmiller Md DATE SIGNED: Dec-13-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 13, 1950 | NAME OF CEMETERY OR CREMATORY: Bethel Cemetery | LOCATION (City, town, or county) (State): Barnum, Garrett, Co. Md.

DATE REC'D BY LOCAL REG.: 12/12/50 | REGISTRAR'S SIGNATURE: M W Baird

24. FUNERAL DIRECTOR: O. F. Sharpless ADDRESS: Blaine W. Va.

RECEIVED
JAN 12 1951

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

12346

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett near Swanton MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Swanton, Md. rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Harrison (Last) Paugh

4. DATE OF DEATH (Month) 12 (Day) 25, (Year) 1950 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 6/18/1889

9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unk.

10b. KIND OF BUSINESS OR INDUSTRY Labor

11. BIRTHPLACE (State or foreign country) Swanton, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Phillip Davis.

14. MOTHER'S MAIDEN NAME Eliza Catherine Paugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. none

17. INFORMANT Gerald S. Paugh. Swanton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Run that wound of Right Temporal Region of Skull — Instant

976X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

164c (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home near Swanton (CITY OR TOWN) (COUNTY) Garrett (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 25-1950 4:30 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Shot with 22 single that Pistol

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE C. J. Bangartner (Degree or title) M.D. ADDRESS Oakland Md. DATE SIGNED 12/26/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 12/29/1950

NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery,

LOCATION (City, town, or county) (State) Near Swanton, Md.

DATE REC'D BY LOCAL REG. 12-29-50

REGISTRAR'S SIGNATURE Alice A. Rowan

24. FUNERAL DIRECTOR Emroy D. Bolden, ADDRESS Oakland, Md

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

JUN 6 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12347

CERTIFICATE OF DEATH

Reg. Dist. No. 16 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CRELLIN
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT COUNTY MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: WEST VIRGINIA — COUNTY: PRESTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: P.O. CRELLIN, MARYLAND
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
KAYRON	SUE	RECKART	DECEMBER	6	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
FEMALE	WHITE	SINGLE	2/27/1950		9	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		WEST VIRGINIA	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
RECKART FULLER	SUMMERS MYRLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		MRS. FULLER RECKART CRELLIN MOTHER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Nephritis

590X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

130 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Impetigo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED Whlio at Work ☐ Not Whlie At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Apr., 19 50, to Dec 6, 19 50, that I last saw the deceased alive on Dec 5, 19 50, and that death occurred at 3 50 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. J. Bourgeois	MD	Oakland Md	12/6/50

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal & Burial	Dec 8, 1950	MtMerriah Cemetery,	Valley Point, W.Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12-8-1950	Julia A. Howard	Fellers Funeral Home, Terra Alta, W.Va.

9022909900

RECEIVED
DEC 14 1960
JUNEAU, ALASKA

Evidence for change in birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12348

FILM No. G 130 JAN 10 1951

CERTIFICATE OF DEATH

Reg. Dist. No. 163

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BLOOMINGTON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS BLOOMINGTON

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BLOOMINGTON
STREET ADDRESS (If rural, give location) BKOOMINGTON

3. NAME OF DECEASED (Type or Print): JOHN (First) WESLEY (Middle) ROSIER (Last)

4. DATE OF DEATH: (Month) DEC. (Day) 31 (Year) 19 50

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 28, 1877

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MINER

10b. KIND OF BUSINESS OR INDUSTRY: ROSIER COAL Co.

11. BIRTHPLACE (State or foreign country): W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JAMES ROSIER

14. MOTHER'S MAIDEN NAME: Mary Ann BOYARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 236-03-3926

17. INFORMANT AND ADDRESS: ROBERT ROSIER** WESTERNPORT, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Embolus	One hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis and Myocardial Degeneration	Two Years
420.1 93d	(c) Not Specified As Rheumatic	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 11, 1950, to Dec. 31, 1950, that I last saw the deceased alive on Dec 30, 1950, and that death occurred at 7:30 A. m., from the causes and on the date stated above.

SIGNATURE: Paul B. Wilson (Degree or title) M.D. ADDRESS: Piedmont W.Va. DATE SIGNED: Jan. 1, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1/2/51
NAME OF CEMETERY OR CREMATORY: Bethken Hill Cem.
LOCATION (City, town, or county) (State): Elk-Garden W.Va.

DATE REC'D BY LOCAL REG.: Jan 2 1951
REGISTRAR'S SIGNATURE: Dorsey Tattison

24. FUNERAL DIRECTOR: Ellsworth S. Boal
ADDRESS: 111 Church St. Westernport, Maryland

454 V2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JAN 3 1951

12349

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 167

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland (Rural) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland (Rural)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Howard (Middle) Oliver (Last) Stahl
4. DATE OF DEATH (Month) Dec. (Day) 9, (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH May 2, 1885
9. AGE last birthday 65 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Fredrick Stahl
14. MOTHER'S MAIDEN NAME Mary Arnold
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 220-10-1037
17. INFORMANT Mrs. Effie Stahl (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Terminal Pneumonia	48 hours
Antecedent cause(s) 420.0	(b) Arteriosclerotic Heart Disease	12 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 92d	(c) Hypertension, Malignant	25 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1939, to 9 Dec., 1950, that I last saw the deceased alive on 9 Dec., 1950, and that death occurred at 11:10 A.m., from the causes and on the date stated above.

SIGNATURE A. E. Mann (Degree or title) M.D. ADDRESS Oakland Md DATE SIGNED 10 Dec 50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Dec. 11, 1950 NAME OF CEMETERY OR CREMATORY Red House Cemetery LOCATION (City, town, or county) Red House, (State) Md.
DATE REC'D BY LOCAL REG. 12/11/50 REGISTRAR'S SIGNATURE Elmer C. Shaffer
24. FUNERAL DIRECTOR Wayne C. Spiggle ADDRESS Davis, W.Va.

30885

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 13 1950
U.S.

12350

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH · COUNTY Garett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville — LENGTH OF STAY (in this place) 2 Years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Grantsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) L	(Last) Sterner	4. DATE OF DEATH	(Month) Dec (Day) 22 (Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4-10-1869	9. AGE last birthday 81 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Retired Farm Owner	11. BIRTHPLACE (State or foreign country) Rural Grantsville Md	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Levi Sterner	14. MOTHER'S MAIDEN NAME Sara Durst				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Jeff Durst			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral haemorrhage	3 weeks
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	
83a	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1950, to Dec 22 1950, that I last saw the deceased alive on Dec 19, 1950, and that death occurred at 8130 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
N. R. Davis	M.D.	Grantsville Md	Dec 23/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 12-24-1950	NAME OF CEMETERY OR CREMATORY Saint Paul	LOCATION (City, town, or county) (State) Somerset County Pa
DATE REC'D BY LOCAL REG. Dec, 23/50	REGISTRAR'S SIGNATURE Ethel Broadwater	24. FUNERAL DIRECTOR Wm Winterberg	ADDRESS Grantsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 26 1950
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12351

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH · COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakland — LENGTH OF STAY (in this place) 48 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakland
HOSPITAL OR INSTITUTION OR STREET ADDRESS ------	STREET ADDRESS (If rural, give location) 5 Mi. So. Oakland, Md.

3. NAME OF DECEASED (Type or Print)	(First) Daniel	(Middle) Jacob	(Last) Swartzentruber	4. DATE OF DEATH	(Month) Dec. (Day) 24, (Year) 1950 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 12/8/1863	9. AGE last birthday 87 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Maryland.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Jacob Swartzentruber	14. MOTHER'S MAIDEN NAME Elizabeth Hershberger				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY No. -----	17. INFORMANT AND ADDRESS Simon Swartzentruber Oakland, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Terminal Pneumonia — 3 days

450.0

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 10 years

97

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-24, 1948, to 23 Dec., 1950, that I last saw the deceased alive on 23 Dec., 1950, and that death occurred at 3:30A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. S. Manor	MD	Oakland	Dec. 26 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 12/27/1950	NAME OF CEMETERY OR CREMATORY Gortner Cemetery	LOCATION (City, town, or county) (State) Near Oakland, Md.
DATE REC'D BY LOCAL REG. 12-27/50	REGISTRAR'S SIGNATURE Julia A. Rowan	24. FUNERAL DIRECTOR Herbert C. Leighton	ADDRESS Oakland, Md.

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 30 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12352

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett — Oakland — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elmer	Coy	Wilson	12	18	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days / Hours / Min.
Male	White	Married	1/5/1876	74 yrs.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant 32 Yrs.		West Va.	U.S.A.

13. FATHER'S NAME: David Wilson

14. MOTHER'S MAIDEN NAME: Catherine Groves.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	None	Mrs. Lula Wilson, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart Disease

Antecedent cause(s)

434.3 / 95C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) A Chronic Condition.

(c) Bronchitis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	J W Wenzel m.d. Oakland Md.	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

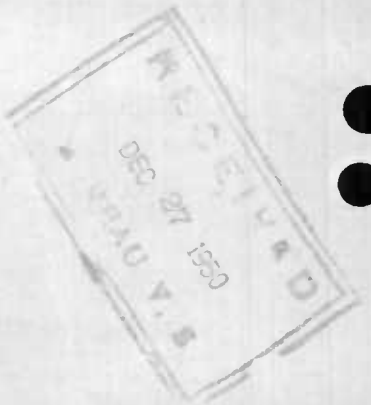
22. I hereby certify that I attended the deceased from 1947, 19..., to 12-18th., 19..50, that I last saw the deceased alive on Dec 16th., 19..50, and that death occurred at 4 A.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J W Wenzel M D — ADDRESS Oakland Md — DATE SIGNED Dec 19th 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	12/20/1950	Sugar Valley Cemetery	Near Bruston Mills, W.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-20-1950	Julia A. Bowman	Emroy D. Bolden	Oakland, Md

15694


RECEIVED
DEC 27 1950
U.S.A.

MARYLAND STATE DEPARTMENT OF HEALTH

12353

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakland
LENGTH OF STAY (In this place) 5n years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Golf Coarse Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Oakland
STREET ADDRESS (If rural, give location) 1/2 Mi. N W Oakland, Md.

3. NAME OF DECEASED (Type or Print): (First) Ellen (Middle) (Last) Wolfe
4. DATE OF DEATH: (Month) December (Day) 4, (Year) 19 50

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: 1/22/1867
9. AGE Last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work for self and other people
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Asbury Wolfe
14. MOTHER'S MAIDEN NAME: Nancy Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ------
17. INFORMANT: Rollie Smith Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis

422. / 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. L. Remington (Degree or title) M D ADDRESS Oakland Md DATE SIGNED 12/5/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/6/1950 — NAME OF CEMETERY OR CREMATORY Bray Cemetery — LOCATION (City, town, or county) (State) Garrett Co., Md.

DATE REC'D BY LOCAL REG. 12/6/50 — REGISTRAR'S SIGNATURE Julia A Rowan — 24. FUNERAL DIRECTOR Herbert L. Leighton — ADDRESS Oakland, Md.

52086

RECEIVED
DEC 14 1959
BUREAU V. S